

TAXPAYER PERSONAL INFORMATION

FOR THE TAX YEAR ENDING DECEMBER 31, 2021

With dark pencil or pen, please print legibly and indicate if any of the following occurred during the past year.

- _____ Married during year (date _____)
- _____ Divorced during the year (date _____)
- _____ Spouse died during year (date _____)
- _____ Moved during year (date _____)
- _____ Lost a dependent
- _____ Gained a dependent

Legally blind? _____ You _____ Spouse _____

TAXPAYER'S PERSONAL INFORMATION						
Taxpayer's Name						
Social Security Number						
Occupation						
Date of Birth						
Filing Status (Encircle appropriate choice)	1) Single	2) Married Filing Jointly	3) Married Filing Separately	4) Head of Household	5) Qualifying Widower	*If you're not sure about your filing status, leave this blank and I will contact you to determine which one is correct based on various tests.
US Citizen	1) Yes	2) No - type of Visa				
Do you want to contribute for Election Fund?	1) Yes - \$3.00	2) No				
Address in U.S.A.						
County lived in USA						
Home Phone Number						

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Cell Phone Number						
Email Address						
Are you involved in cryptocurrency?	1) Yes	2) No				
At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?	1) Yes	2) No				
Did you received State Refund in 2021? (Form1099-G)	* Submit Form 1099-G					
	\$______					
Did you itemize in 2021?	1) Yes	2) No				
At any time during 2021, do you have a financial interest in or signature authority over a financial account located in a foreign country?	1) Yes	2) No	*You may be subject to Foreign Acct Tax Compliance Act (FATCA). You may consult separately regarding additional guidelines. So far U.S. Dept of Treasury is engaged to more than 50 countries to curtail foreign tax evasion.			
Do you and all the members in your household have Minimum Essential Health Insurance Coverage (MEC) for the entire year?	1) Yes	2) No				
SPOUSE PERSONAL INFORMATION						
Spouse Name						

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Social Security Number							
Occupation							
Date of Birth							
US Citizen	1) Yes	2) No - type of Visa					
Do you want to contribute for Election Fund?	1) Yes - \$3.00	2) No					
Address in U.S.A.							
County lived in USA							
Home Phone Number							
Cell Phone Number							
Email Address							
DEPENDENTS INFORMATION							
DEPENDENTS (Excluding Spouse)	Social Security Number	Occupation	Date of Birth	US Citizen Y-Yes / N-No	Student Y-Yes / N-No	Full Time Student Y-Yes / N-No	Qualifying Dependent Care Expenses
1)							\$ _____
2)							\$ _____
3)							\$ _____
4)							\$ _____

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5)							\$ _____
6)							\$ _____
Does dependent has minimum essential medical coverage?	1) Yes	2) No					
Number of Other Individuals supported. (All dependents must be residing in USA)							
Other Income: Jury Duty, Etc	*See Worksheet below for more examples of Other Income.						
	\$ _____						
Did you make a student Loan	1) Yes - \$ _____		2) No				
Schedule A:	LIST OF EXPENSES - ITEMIZED DEDUCTIONS (You can use separate sheet if you need to)						
Medical/Dental Expenses	\$ _____						
Mortgage Interest and Points	\$ _____ * Need original 1098 from Bank or Mortgage Company						
Charitable Contributions by Cash	\$ _____ * You may attached a separate sheet for a detailed contribution. You may put the name of the charity and the amount donated.						
Charitable Contributions other than Cash	\$ _____						
Job Related Expenses	\$ _____ *you can itemize and attach your job related expenses in a separate sheet if can't find it here.						
Job Related Publications	\$ _____						
Uniforms Cost and Cleaning	\$ _____ *ex: scrub suits, protective clothing, protective gloves, helmets, etc. (defined as required by employer and not suitable for ordinary wear)						
Union and Prof. Dues	\$ _____						
Malpractice Insurance	\$ _____						
Education for Jobs	\$ _____ *submit 1098-T if received from school/university						

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Medical Instruments	\$ _____	
Conferences	\$ _____	
2021 estimated tax payments	\$ _____	
Tax Preparation Fee 2021	\$ _____	
Property Casualty or Theft Losses	\$ _____	*Fill out Casualty/Theft Losses Worksheet below. If you have more than 2 losses, you may send separate sheet and follow the format.
ONLY PUT BANK ACCT. INFORMATION WHERE YOUR REFUND BE DEPOSITED.		
Name of Bank		
Bank Account Number		
Bank Routing Number		
1)Savings 2)Checking		

Recovery Rebate Credits

Enter the amount, if any, of the third economic stimulus payment received (before offset for any past-due child support payment). This was generally received in March 2021. Find this amount on Notice 1444-C or IRS letter 6475.....

\$	
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Instructions:

1) Fill out the questionnaire completely as you can. Put "N/A to those questions not applicable.

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- 2) I need you to submit all original forms you may have received. Example: W2, W2G, 1099-int, 1099-Misc, 1098, 1098-T, 1099-DIV, etc. together with this questionnaire. All originals will be mailed back to you. Be sure to keep a photocopy of the original documents.
- 3) I will call or contact you by email if I encounter any problem or need more informations. It's very important to check your email regularly.
- 4) I work on a first come first serve basis so **please be patient**. Also, I prefer if you mail out your documents via regular mail. In this way, I don't have to go to the post office, in case nobody can sign for it.
- 5) I prefer that you contact me by email to efficiently keep track our communications especially with regards to an audit or IRS correspondent.
- 6) If there's an urgent matter or issues or concern and you need to contact me, please do call, email me, or text me. Be sure to leave a brief message, your contact number, and the best time to call you back. I will call you as soon as I can.
- 7) A deposit of \$100 is required to those who will be sending their documents via mail. Please make a check payable to my name.
- 8) If you own a house and made renovation/improvement per Code Sec. 25 C (installing insulation, exterior windows and doors, etc) kindly attached a separate sheet for these type of expenses and indicate what type of renovations has been done.
- 9) If your tax return will be audited because of our error, you have my assurance that I will help you and represent your case for FREE. Otherwise, appropriate fees will be assessed on a case to case basis.
- 10) I need a copy of your previous tax return if I didn't do the previous year.
- 11) Download, print, sign and submit the 2021 Tax Preparation Agreement form.

WHAT ARE CONSIDERED OTHER INCOME/MISCELLANEOUS INCOME?	AMOUNT
(Important to list even if not taxable, show losses in brackets)	
Alimony (Provide name and Soc. Sec. No. of payer)	
Child Support payments/assistance	
Jury duty (or other public service)	
Tips/gratuities (not reported on W-2)	
Prizes/awards/lottery winnings (explain)	
Commission/bonuses (not reported on W-2)	
Pensions/annuities (furnish Form 1099-R or details)	
IRA/Keogh/SEP/SIMPLE distributions	
Veterans benefits/disability income	
Business/self-employment/farm rental (furnish a schedule or details)	
Unemployment compensation	
Barters and exchanges	

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Scholarships and fellowships				
Workers' compensation/loss of time payments				
Other (explain)				
CASUALTY/THEFT LOSSES (From fire, storm, theft, etc - if more than one, provide detail for each.				AMOUNT
1) Kind of property or item	Date Acquired		Cost or basis	\$
	Insurance reimbursement		\$	
Describe how or what happened				
			Fair Market Value - before loss	\$
			Fair Market Value - after loss	\$
2) Kind of property or item	Date Acquired		Cost or basis	\$
	Insurance reimbursement		\$	
Describe how or what happened				
			Fair Market Value - before loss	\$
			Fair Market Value - after loss	\$